

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09765111

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6	X					
7		1				
8	X					
9		1				
10		1				
11	X					
12	X					
13	X					
14	X					
15		1				
16		1				
17		1				
18	X					
19	X					
20	X					
21	1					
22	X					
23	X					
24	1					
25	X					
26	X					
27		1				
28		1				
29	X					
30	X					
31	X					
32	X					
33	1					
34	X					
35	X					
36	X					
37	X					
38	X					
39	X					
40	X					
41	1					
42	X					
43	X					
44	X					
45	X					
46	X					
47	1					
48	X					
49	X					
50	X					
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1					
54						
55						
56						
57						
58	1					
59						
60						
61						
62						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS